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Communications.

INSTRUMENTAL DIAGNOSIS.

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(Continued from page 321.)

Endoscopy.

The endoscope, from *ενδον*, "within," and *σκοπεω*, "I examine," is an instrument that has been but recently introduced to the notice of the profession. It is intended to furnish the physician with a means of examining the interior of certain canals and cavities, such as the urethra, bladder, and rectum; to place directly under his ocular examination the lining membranes of those cavities, so that he may be enabled to recognize any morbid changes in their structures, and to decide the diagnosis with unerring certainty upon the evidence of visual sensations. This, if practicable, is certainly a step forward in surgical diagnosis, and at once relieves the surgeon of all the uncertainties by which he has been hitherto surrounded in making out the nature, extent, and remediability of certain pathological changes in these parts. The diagnosis of these diseases has now to be gathered in the main by the surgeon's tactile dexterity, either with the hand alone, or armed with such instruments as are proper for exploring these parts, such as sounds, catheters, and bougies, according to the requirements of each special case. The inferiority of the sense of touch to that of sight, in making known with accuracy and certainty pathological conditions, is so well known, and so evident in the daily practice of every medical practitioner, that it would be a waste of time to compare them with a view of giving prominence and superiority to the former. Too many cases are now recorded, too many cases have occurred around us, and are still everywhere occurring, of mistaken diagnosis in vesical diseases, even in the hands of those reputed among the wisest and most skilful, from a wrong estimate being placed upon the impressions derived from the sense of touch, while manipulating with sounds and other instruments. Not to speak, in this place, of the countless errors and blunders of the lesser lights of the profession in this respect, we may go to the records of the science for years back, and find numerous examples of the most distinguished men committing occasional blunders in diagnosis, (of calculous diseases for example,) from the wrong interpretation of the impressions that have been conveyed to them in their explorations. Of these we need only mention the case of the great Cheselden, who subjected a patient to lithotomy whose bladder was free from stone; and who has, with a candor and truthfulness, and I may also say humanity, characteristic of great minds, placed his errors upon record to act, like the welcome beacon to the weary and tempest-tossed mariner, as warnings to the young and more inexperienced, of the dangers by which on every side they are beset in the prosecution of their duties.

With this experience set before our eyes, the earnest and conscientious surgeon welcomes with delight any means to aid him in correctly and faithfully studying the cases that are placed in his care. He cannot prejudice the safety of his patient, or render himself liable either to self-condemnation or public disapprobation, by turning aside from the attentive examination and study of any recommendations coming from a reliable source, that hold out to him hope, however faint, to escape from errors of judgment in consequence of the natural imperfections of the

instruments with which he has been furnished to investigate nature. These means may at first appear chimerical, they may be troublesome, the instruments may be complicated, and they may require time for their proper application in securing a truthful result, (and what case is there that does not require more time than is usually allotted to it in a busy practice!) All these disadvantages may present themselves, and yet every practitioner ought to be willing to accept them all, to gain even a *little* more certainty in his diagnosis.

These remarks are preluded, for the reason that many persons have spoken lightly of the endoscope; many there are who have done so without once having taken the instrument in hand, much less gazed through its fifteen inches of illuminated tubing. Let the incredulous take the instrument, fit the rectal tube, get a subject willing for his examination, and let him study the natural appearance of the rectal membrane for a length of eight or nine inches, which he can readily accomplish without the outlay of much time, or the requirement of much manual dexterity. Then apply it in hemorrhoids, and go on, proceeding from one class of cases to another, *seriatim*, for three or four months and he will be unwilling to dispense with the instrument, even in this respect, as a diagnostic means.

He may then adjust an uterine tube, and inspect the uterine mucous membrane with satisfaction and profit to himself and benefit to his patient. If he could even make out with its aid whether an inflammation is limited to the cervix, or has extended to the uterine cavity, enough would be gained to satisfy him for the expenditure of his time and patience.

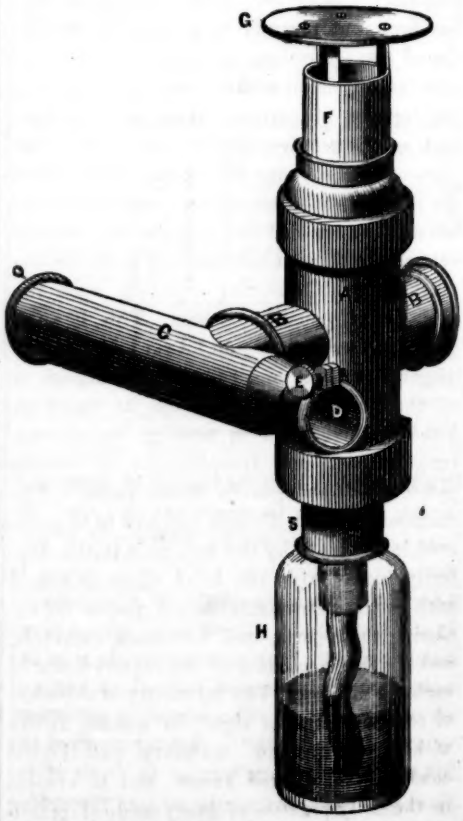
In diagnosing stricture and other morbid changes of the urethra and vesical mucous membrane, a little more experience, a little more time, and a good deal more dexterity will be required; yet it is true that this membrane can be sufficiently illuminated with the endoscope, that its whole extent may be explored, from the vesical orifice to the external outlet.

It has even been proposed to employ an instrument called the *splanchnoscope* to explore the interior of the stomach, this cavity being illuminated with the electrical light. Of this last mode I have nothing to say in this article, as my experience is at present limited to explorations of the three cavities previously mentioned.

The endoscope, as made by Charrière, of Paris and furnished by Gemrig, of Philadelphia, is presented in the annexed wood-cuts. When furnished complete, it possesses besides the body of the instrument, containing the reflectors and lamp, two straight tubes of different sizes, with rectangular points and glass in the angles; two straight tubes with open points and fissured sides, such as shown in Fig. 3; one rectal tube; two probe-pointed knives; a caustic holder; and a probe.

Commencing with the body of the instrument, as shown in Fig. 1, it may be described

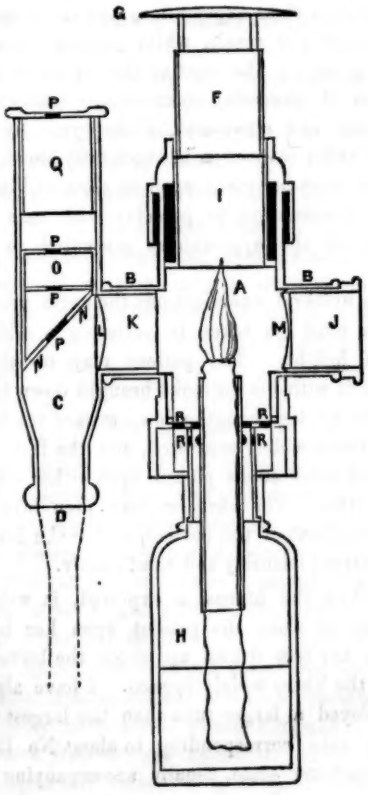
Fig. 1.



simply as two metallic tubes, A and C, movably attached to each other, the former (ver-

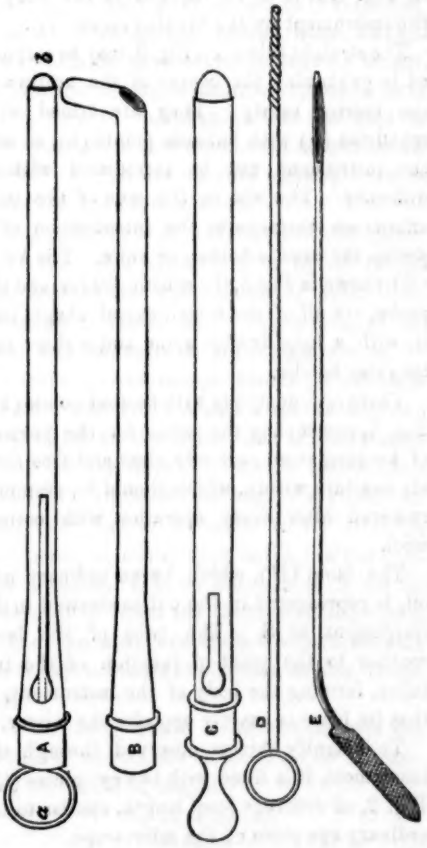
tical) serving the purpose of holding the lamp (H), and supporting a chimney to carry off the smoke (F G). The other (horizontal) contains the optical apparatus, (as seen in Fig. 2), which consists of a mirror of polished metal (M) fixed

FIG. 2.



in a short tube (J) at the back of the lamp, and capable of motion for regulating its focus. In front of the flame, as the instrument is presented in the cut, a plano-convex lens (L) is placed, which collects the rays of light reflected by the mirror, and throws them upon a plane metallic mirror (N) placed opposed to it in the middle of the horizontal tube at an angle of 45° with its axis. The mirror is perforated by a small aperture (P). Having received the light from the convex lens at an angle of incidence of 45°, the mirror reflects (according to the law of optics that the angle of incidence equals that of reflection) the rays at an angle of the same number of degrees; and this direction exactly corresponds with the axis of the horizontal tube. If the eye of the observer be placed at one end of this tube (P), any object placed at the other is seen distinctly. The only re-

FIG. 3.



quirement now are tubes of appropriate size for the different canals. The rectal tube is shown in Fig. 3, armed with its mandrin, and with a slit in the side. It is about nine inches long, and three-fourths of an inch in diameter. In Fig. 1, the instrument is shown with a round aperture (D), for the reception of the rectangular pointed urethral tubes. This tube (B), Fig. 3, is peculiar in its construction, and requires further notice. Its size is just above that of a No. 10 catheter, and perfectly straight to within one inch of the point, where it suddenly bends at an angle of about

80°, the back of the angle (*a*) formed is flattened and fitted with a piece of plain glass, which does not prevent a good view being obtained of the parts, while it prevents the urine flowing through the tube after it is introduced. This is the tube that must always be used in exploring the walls of the bladder. As shown in Fig. 1, it is to be fastened to the body of the instrument by the binding-screw (E).

The straight tube (A), Fig. 3, may be employed in examining the course of the urethra or the uterine cavity. They are armed with mandrins (*a*) with bulbous points (*b*), so that the instrument can be introduced without difficulty. The slit in the side of the tube affords an entrance to the introduction of a probe, the caustic-holder, or knife. The knife (E), shown in Fig. 3, the caustic-holder, and the probe, are all of the same general shape, that is, with a long flexible stem and a short rectangular handle.

Three or four stylets with twisted points (D), Fig. 3, accompany the tubes for the purpose of keeping them perfectly clear and free from all moisture within, which should be promptly removed after every operation with cotton-wool.

The lamp (H), which burns ordinary coal oil, is represented in the cut as screwed to the instrument at S. The tube of the lamp reaches to the point of junction of the two tubes, forming the body of the instrument, so that its blaze is exactly opposite the mirror.

To magnify objects observed through the instrument, it is fitted with two eye-pieces (Q), Fig. 2, of different focal length, similar to the ordinary eye-piece of the microscope.

With this instrument I have examined repeatedly the mucous membrane lining the rectum, urethra, bladder, and uterus. The best position for manipulating in rectal examinations is to place the patient either upon his side or upon his back, in the lithotomy portion, with his nates resting upon the edge of the table. The table, in all cases, should be of such a height as to permit the observer to take his seat in such a manner that there will be no muscular effort exerted in sustaining the head while the eye is applied to the instrument. In this manner, perfect steadiness both of the head and instrument, so essential to success, will be secured. I am sure that in some instances where I have employed the instrument while the patient lay upon a low bedstead, requiring the observer to kneel upon the floor, and to bend his body and neck in an awkward position, to apply his eye to it, several of my medical friends have been disappointed in their expectations and felt dissatisfiee with the result, while peering through the glass, for the want of this essential condition of successful observation—comfortable position and steadiness of the eye. As the field under inspection is necessarily small, the mind must be intent upon its close and accurate examination, to perceive with ease and clearness the appearances presented to the eye.

In urethral examinations the same precautions must be taken in selecting a table of good height. The patient may be placed upon it with his buttocks brought down to its edges, his legs hanging down toward the floor, the knees widely separated, and the feet supported upon stools placed upon either side of the table. The surgeon may then take his seat in front of the patient, and make his observations leisurely and comfortably.

When the uterus is explored, it will be better to place the patient upon her back, with her feet drawn up under the buttocks, and the knees widely opened. I have always employed a larger tube than the largest urethral tube, corresponding to about No. 12, of the catheter scale, usually accompanying the endoscope. It will render the examination decidedly more satisfactory by dilating preliminarily the os with sponge-tent, or what I prefer, the sea tangle tent (*Laminaria digitata.*)

In exploring the bladder, the rectangular-pointed tube of Desormeaux, which is provided with the glass plate at the junction of its two parts, to prevent the escape of urine, must be introduced, and when fairly in the bladder, the lamp is affixed to its proximal extremity. After being perfectly adjusted, the lower part of the lamp must be held firmly in the hand, and by impressing the required movements upon it, the glass plate may be

brought into contact with the vesical mucous membrane. In the healthy bladder, the appearance presented is a small roseate field of uniform color, corresponding with the area of the glass plate. By passing the tube over successive portions of the vesical lining, the whole cavity of the organ may be examined, and it will be found to present the same uniform roseate tint. The variety of cases in which I have hitherto examined the bladder have been small. The following are interesting examples of its utility in vesical diseases, for an opportunity of examining which I am indebted to the obliging courtesy of Dr. GEORGE MAULSBY, Surgeon of the Naval Hospital.

Case 1. J. A., pensioner, age 72. Has had great difficulty in voiding his urine for several years, requiring frequently the aid of the catheter. Complains also of more or less pain in the region of the bladder, which is exaggerated in a marked degree when he is called upon to make repeated efforts to evacuate the urine. His bowels are also sluggish.

The largest tube of the endoscope, No. 12, of the catherter scale, was introduced and the lamp adjusted to its extremity. By carefully manipulating the lamp, and attentively watching the end of the tube as it passed over the inner surface of the bladder, the mucus membrane presented itself of a deep red color, and frequently an enlarged vessel was seen to cross the field of vision; one view presented a decidedly black patch, totally different in appearance from the red membrane, intersected with enlarged vessels, seen at other portions of the bladder. The prostrate portion of the urethra was narrowed somewhat by the obstruction offered by the enlarged prostate gland, which was readily felt when the finger was introduced into the rectum. A stricture was at one time suspected, but the endoscopic examination revealed nothing of the sort in the course of the canal. The chronically inflamed bladder undoubtedly originated from the enlargement of the prostate, requiring frequent and often violent efforts to evacuate the urine.

The treatment pursued was to relieve the bladder as often as necessary, so as not to throw any labor of contraction upon it to discharge its contents, and to wash out any accumulated mucus by the injection of warm water.

Case 2. J. G., pensioner, aged 64; suffered with retention of urine in the same manner as the above case. His prostate was a great deal more enlarged, so that the finger came in contact with it shortly after its entrance into the anus. Besides the symptoms of retention, there was obstinate constipation, which had annoyed him for several years, and for which, besides the purgative medicines he was able to obtain from the hospital, he told me that he had spent up to this time in the neighborhood of $30, for a certain purging patent-pill which he had habitually employed.

The endoscopic examination revealed pretty much the same appearance as in the former case, without the black patch so plain to be discerned in the former. The treatment ordered was the same as in the former case.

I feel confident, though I have not yet made the trial, that with the endoscope, an encysted stone might be diagnosed with a considerable degree of certainty. If future experiments with the instrument ever realize my anticipations, and confirm my belief in its utility in such cases, we can at least indulge in the pleasant reflection, that at least we shall not be compelled to incise the bladder in lithotomy, without knowing exactly beforehand whether the stone is free or adherent to the vesical walls.

In our next paper we will enter into the subject of endoscopic exploration of the urethra, rectum, and uterus.

[To be continued.]

CONTRIBUTIONS TO TOXICOLOGY.

BY P. H. VANDER WEYDE, M. D.,

Late Professor of Chemistry and Toxicology in the New York Medical College.

(Continued from p. 208.)

No. 17. Poisons Found in Chewing Tobacco.

This substance is worse drugged than even the snuff, and does more harm among the male population of our country than any other substance existing, except, of course, the abuse of alcoholic stimulants.

Besides the regular constituents of good tobacco, the so highly poisonous alkaloid, the *nicotine*, and the tobacco camphor, or

nicotianin, of which over-doses infallibly produce in excessive chewers a long train of serious constitutional derangements, as delirium, paralysis, disease of the heart, etc., (seldom traced to their true source even by acute practitioners,) we are never sure what pernicious additions have been made in the preparation of the substance; the manufacturers have, of course, no conscience, and wish only to gratify the morbid taste of the devotees of this most disgusting and crazy habit.

It is perhaps unnecessary to refer to the tin foil wrappers of chewing tobacco, as it is well known that at present this foil is rolled out of sheet-lead, covered on both sides with a very thin layer of tin. Several cases of lead-poisoning have lately come under the attention of the profession, which were clearly traced to the habit of tobacco-chewers to take a bite of their beloved chewing material, the tin envelope included.

The cheaper kinds are almost surely drugged, in order to hide their insipid qualities. This is done by a preparation called in some countries *a sauce*. This sauce is composed of very various ingredients, as compounds of antimony, of copper, sulphate of iron, sulphate of alumina and potassa, or some other alum, as iron alum, chrome alum, and even bichloride of mercury or corrosive sublimate. Any one acquainted with the most abominable taste of even dilute solutions of the last substance, must be astonished how the taste of man may be perverted to seize it in any form whatever. However, as it resembles somewhat the taste of the nicotin, it improves (!) insipid kinds of the drug.

Among the organic substances used as sauce, are melampodium, or the helleborus niger, and viridis, tolii rumex, etc., and some sugar and molasses.

It is indeed surprising how grown men behave like spoiled children, who must have their sweetmeats in their pockets, and must be eating or drinking something continually, or at unseasonable times, when nature does not call for it in the least; from this the chewing, smoking, dipping, tippling, etc.

It will become necessary that somebody performs the same labor for the good of the big children, that Dr. Hassall in England performed, a few years ago, for the benefit of the little ones. The readers will undoubtedly remember the report of his analysis in the *London Lancet*, from which it appears that the confectioners, in order to make the sweetmeats attractive to little children, colored them very beautifully green with arsenite of copper and Brunswick green, red with sulphide of mercury, yellow with chromate of lead or gamboge, blue with Prussian blue. In a single beautifully painted sugar fish, which the Doctor bought at the Shepherd's Market, Mayfair, he found four of these virulent poisons employed, and he agitated the matter so much that the use of them by confectioners was declared to be a misdemeanor, and now less beautiful or bright, but harmless colors are employed.

One move has been made, also in England, in this direction, for the big children. As they must be chewing something, a chewing tobacco has been invented for the benefit of those whose pockets are too empty to buy the genuine article, or whose stomachs are not strong enough to stand it, Here goes the prescription:

Thymus serpilum sive vulgaris,	
Hyssopus offic.,	
Origanum,	āā ℥ij.
Betonica offic.,	
Eutraxia offic.,	āā ℥iv.
Lavendula vera,	
Rosmarinus offic.,	āā ℥viij.
Tussilago tartara,	℥iij.

Mixed, pressed together, and cut in the form of plug tobacco, it makes a cheap and harmless substitute. It will be observed that half of these substances may be considered obsolete, having been found inert for the diseases they had once the reputation of curing, the other half is now-a-days mostly used in the kitchen, also by perfumers and confectioners, and to cover the taste of other remedies.

—— Sir James Simpson, of Edinburgh, maintains that small-pox might be stamped out in Great Britain within a single year by perfect measures of isolation. The fact that 50,000 persons died in England of this disease alone, in the ten years, from 1856 to 1866, and that in 1864 its victims amounted to 9425, is quite sufficient to command a respectful hearing for any preventive theory purporting to rest on solid evidence as well as high professional authority.

TO PRODUCE THE SEXES AT WILL.

[The following article is from the pen of a perfectly trustworthy observer.—EDS.]

Nature works through laws; fixed, unvarying and constant. With many of these laws we are familiar in their character and in their action; with others we are but partially acquainted, our knowledge of them limited and incomplete. Of others still, we are entirely ignorant; we may see certain results, or note certain facts, without being at all able to explain by what means, or through what particular natural processes they were brought about.

That there is a law which determines the sex of each product of conception in man as well as in all organized beings, scarcely admits of doubt. It is not accident or chance, which decides whether in any particular instance a male or a female should be conceived and born. The relative proportion of the sexes in the human race is unvarying: Why? Because the law which determines the sex, is ever acting, and the circumstances of life remaining the same, must produce invariable and unchangeable results.

The laws which govern the processes of fecundation and conception in animal life, are still, it may be said, almost entirely unknown to us. These subjects seems to have been considered too intricate for physiological study; or if the field has been occasionally entered upon by an ambitious student, so little remunerative harvest has followed laborious and persevering cultivation that the laborer has retired wearied and disheartened, and the toil left to lie fallow for generations again.

Some few facts, however, are matters of universal observation, and some reasonings and deductions based upon these facts, are assented to upon the part of physiologists generally.

It is concluded that the females of all animals (the human female included), have periods when conception is possible, and that these are intermitted by other periods when they are barren, and this for the obvious reason that ova are periodically *only* matured and thrown off from the ovary. Fecundity, therefore, depends upon ovulation; and in a normal state ova mature, ripen, are thrown off at regular specific and stated periods, independent of sexual connection. Ova do not lose their vitality immediately, they are disconnected with the ovary, but maintain life for a specific length of time, under the normal favorable circumstances, and if during that period they are subject to the contact of the male germ, fecundation ensues, and the ovum becomes permanently endowed with the vital principle, and capable of maintaining a separate existence. But the ovum before fecundation has a life; it has a separate existence from the period of its maturation, until it is fecundated, or until it perishes for want of a fecundating principle.

Does the period of time in the life of the ovum at which fecundation occurs, have any effect in determining the sex of the future being? In answer to this question, we may reply that we do not know; but that many well observed facts indicate that the answer is in the affirmative; and further that an ovum fecundated early in its life, produces a female organization, while if fecundation is delayed, a male being is the result.

The period of heat in the lower animals and the menstrual period in the human female is that of ovulation of the maturation, and throwing off of the ovum. Fecundation, therefore, (or sexual connection with, though not actually equivalent, must practically be considered equivalent) should if occuring immediately after the establishment of heat in animals, or immediately after the cessation of the menses in the human female, be followed in accordance with this theory with the certain conception of a female. If, however, it be delayed to the extreme of the period when fertilization were possible, the conception would just as certainly be a male.

Do observations show results to be in accordance with the views above expressed? They do invariably, and with great precision, as may be determined by any experimenter who will take the trouble carefully to conduct his observations.

The laws of nature are compensatory—they have within themselves a governating, a regulating principle. This law of the sexes holds the even balance between the relative number of each sex, and if through any perturbating course, the relative proportion of the sexes is disturbed, the imme-

diate effect is to restore the proper equilibrium by producing in greater proportion the sex which may happen to be in the minority.

Suppose a herd of animals, composed almost exclusively of males. The females would be promptly fecundated with the result of a vast preponderance of females among the offspring; and this would continue in a decreasing proportion, until the normal relation of the sexes was obtained. The opposite condition of the community, composed almost entirely of females, would be followed by tardy fecundation, and through the same law by male offspring. And practically this is the fact.

The writer of this article kept a certain breed of fowls, celebrated as excellent layers, to supply eggs for table use. A large number of hens (more than thirty) were kept for several years with a single male bird, and no chicks were raised, the eggs being exclusively used for table purposes. It being considered desirable, after a time, to raise some young pullets, to supply the place of some hens which appeared to be getting old, one dozen and a half fresh eggs were selected at random, and placed under a fowl for incubation. Seventeen chicks were obtained, and sixteen were raised to maturity—of these fifteen proved to be male birds. The experiment was repeated twice or thrice with substantially the same results. It was found impossible to obtain more than two pullets from any one clutch, and one brood was composed entirely of male birds.

A friend of the writer then instituted at his suggestion the opposite experiment. He confined a single cock and hen in a small walk together for several months; a setting of eggs laid by that hen at the end of this time, produced eleven females, and three males. These observations are easily repeated by any one having sufficient interest in the matter, and a few fowls The cock being decidedly polygamous in his habits, the results of the experiments are decided, though they want the precision which is obtained from observations upon the mamalia, and especially on such as produce but one young at a birth.

Experiments upon the horse and cow, as conducted by the Swiss stock grower, who has been mentioned in this connection, can easily be repeated, and will produce invariable results. It need scarcely be said that the observations should be carefully and judiciously conducted, and with strict reference to the elucidations of facts. It should also be borne in mind that all observations are occasionally liable to the error of *all* the facts in the case, not having been observed; and it may happen that apparant inconsistencies in results may be observed, which upon further investigation proved to be *only* apparent.

The laws of life are studied in the human race with great difficulty. Our life is so artificial, our bodies are subject to so many perturbating causes, that few practical results can be had, even from the most carefully conducted observations. In regard to the determination of the period at which conception is possible, there are obviously difficulties in the way of accurate observations that are almost, if not quite, insurmountable. The laws of human life are, however, the laws of animal life, and having determined the latter, we may, *mutatis mutandis*, write them down for our own race. As just now stated, experiments tending to make evident the above law, if such a law exists, or to disprove its existence, are easily repeated upon any or all of our domestic animals; care being taken to note well all the circumstances, and to eliminate all sources of error in observation, such experiments will furnish invariable results.

A Child Killed by Tobacco.

Dr. W. J. Tyrell writes to the Jackson (Ohio) *Standard*, that he was recently called to visit a child which was in convulsions. He tried various anti-spasmodics in vain, and the child died in twenty-four hours. The Doctor afterward elicited the following facts from the family. Some three weeks previous, the child (a sprightly little girl) had fallen upon the cooking stove, and burned and bruised her upper lip so badly that it was not yet healed. On the day previous to his visit she had been as well as usual all the forenoon. In the afternoon, her mother decided to heal up the sore lip. She accordingly emptied the ashes out of her pipe, then with her finger, wiped the oil from the bowl and applied it to the lip. She mixed some with lard, applying it also. The result, as above stated, was the child's death.

Medical Societies.

KENTUCKY STATE MEDICAL SOCIETY.

The Thirteenth Annual meeting of the Kentucky State Medical Society was held at Danville on the 7th and 8th of April, Dr. D. N. PORTER in the Chair.

Dr. STANHOPE P. BRECKINRIDGE was appointed Recording Secretary, *pro tem.*

A Committee on Credentials was appointed, to whom a large number of names of applicants for membership were referred, who were favorably reported on, and duly elected.

In his address of welcome to the Society, Dr. S. P. BRECKINRIDGE happily alluded to the fact that Kentucky's first great Surgeon, EPHRAIM McDOWELL, who planned and executed the operation of Ovariotomy, lived, labored, and died in Danville.

We are sorry to observe that not one of the Standing Committees was ready to report.

Dr. J. D. JACKSON made an interesting report on the Transmissibility of Tuberculosis.

At the afternoon session Dr. L. P. YANDELL, Sen., read a paper on Epidemics in Kentucky during the past year. Drs. HOLLOWAY and BENSON made brief reports as delegates to the meeting of the American Medical Association in 1867. A report was made by Dr. BRECKINRIDGE on the Registration of Births, Marriages, and Deaths, for which the thanks of the Society were tendered. A tribute was made to the memory of the late junior Vice-President of the Society, Dr. C. L. JONES, of Harrodsburg. A communication was read from Dr. L. P. YANDELL, Jr., delegate from the Society to the International Medical Congress at Paris.

In the evening the Society attended a banquet given by the Boyle County Medical Society.

On Wednesday, the 8th, the Society met, and after some routine business, Dr. YANDELL read a report as Chairman of the Special Committee on Milk Sickness.

Lexington was, after considerable competition, selected as the next place of meeting. A Committee was appointed to memorialize the Legislature to make an annual appropriation to publish the Transactions of the Society.

The following resolution was offered by Dr. BENSON:

"*Resolved*, That it is desirable, in the judgment of this Society, to have a Medical Journal established in the State of Kentucky, and that as individual members, we pledge ourselves to encourage the same."

He stated that Dr. E. S. GAILLARD, editor of the *Richmond Medical Journal*, contemplated removing to Kentucky, and publishing his journal in Louisville, and this resolution was offered in the hope of inducing him to determine on said removal. Drs. BRYANT, BRECKINRIDGE, and HOLLOWAY, testified to the high personal, literary and professional character of Dr. GAILLARD, and hoped the resolution would be adopted. The same was adopted.

Dr. HOLLOWAY, Chairman of the Committee on Nominations, reported as follows:

For President—Dr. WM. PAWLING, of Danville.

Senior Vice-President—J. W. F. PARKER, of Somerset.

Junior Vice-President—GEORGE BEELER, of Clinton.

Recording Secretary—STANHOPE P. BRECKINRIDGE, of Danville.

Corresponding Secretary—J. T. BOHON, of Milledgeville.

Treasurer—L. B. TODD, of Lexington.

Librarian—J. F. McELROY, of Lebanon.

Committee on Publication—Drs. J. D. Jackson, of Danville; T. P. Satterwhite, of Louisville; W. S. Chipley, of Lexington.

The Society being entitled to send fifteen delegates to the American Medical Association, selected the following gentlemen: Drs. William Bryan, Geo. Beeler, Geo. Syng Bryant, Stanhope P. Breckinridge, J. M. Meyer, J. D. Jackson, Archy Cook, G. W. Bayless, T. P. Satterwhite, J. S. Wise, D. C. Tucker, R. Dunlap, J. M. Bodine, W. D. Evans. The President was authorized to nominate alternates and fill vacancies on the list.

At 7½ o'clock in the evening, the annual address was delivered by the retiring President, Dr. PORTER.

The Chairman announced the following Committees to report at the next stated meeting:

Standing Committees—On Arrangements—Dr. L. B. Todd, chairman; on Practical Medicine—Dr. W. S. Chipley, chairman; on Pharmacy—Dr. T. E. Jenkins, chairman; on Vital Statistics—Dr. Geo. Hunn, chairman; on Obstetrics—Dr. Geo. Syng Bryant, chairman; on Ethics—Dr. Samuel P. Craig, chairman; on Hygiene—Dr. J. W. Thompson, chairman; on Epidemics—Dr. S. S. Wise, chairman; on Surgery—Dr. D. W. Yandell, chairman, continued; on Botany—Dr. L. J. Frazee, chairman; on Finance—Dr. J. W. Benson, chairman.

Special Committees—On Uterine Therapeutics—Dr. J. B. Sparks, chairman; on Milk Sickness—Drs. Moorman and Beeler, continued; on

Registration of Births, Marriages, and Deaths—Dr. S. P. Breckinridge, chairman, continued; on Legalizing Dissections—Dr. J. D. Burch, chairman, continued; on Vaccination—Dr. M. C. Poynter, chairman; for Appropriation by Legislature, to publish Society's Transactions—Dr. Chipley, chairman; on Typhoid Fever—Dr. L. B. Todd, chairman.

On motion, the Society adjourned to meet in Lexington, on the first Tuesday in April, 1869.

MEDICAL SOCIETY OF WEST VIRGINIA.

The first annual session of this Society was held at Grafton, on the 1st and 2d of April. Dr. John Frissell, of Wheeling, President, took the chair, and the meeting was opened with prayer. Dr. M. C. Dougherty, of Grafton, welcomed the Society in a very neat address. After the election of members, the President, Dr. Frissell, delivered the annual address. It is very long, but able and interesting, the subject being the Progress of Medicine.

Dr. Hildreth, of Wheeling, chairman of Committee on Climatology and Epidemics, reported progress, and asked an extension of time.

Dr. Bates, chairman of Committee on Revision of Constitution and By-Laws, presented a report, which was adopted and ordered to be printed.

In the evening the Society again met, when Dr. Allen, of Wheeling, read a lengthy and interesting paper on the "Use and Importance of the Microscope to the Medical Profession."

Reports of cases in practice were made by Drs. Ramsey and Lazzell of Fairmont. A committee was appointed to prepare a fee-bill. Drs. Ramsey of Clarksburg, and Reeves, of Wheeling were appointed Essayists for the next meeting. Dr. Hupp of Wheeling, Treasurer, made a report showing a balance in the Treasury—an evidence of life.

The following officers were then elected for the ensuing year:

President—H. W. Brock, of Morgantown.

Vice-Presidents—Jacob Young, of Wetzel county; Thomas Kennedy, of Grafton; C. W. Bruce of Moundsville.

Secretary—A. H. Thayer, of Grafton.

Treasurer—John C. Hupp, of Wheeling.

Board of Censors—E. A. Hildreth, of Wheeling; G. W. Bruce, of Moundsville; Jas. M. Lazzell, of Fairmont; F. C. Shepherd, of Brandonville; R. H. Cummins, of Wheeling; M. C. Dougherty, of Grafton, and W. J. Bates, of Wheeling.

The Society met at 9, A. M., on the 2d. Dr. Richard Blum of Wheeling, read an interesting and instructive essay on the subject of Sanitary Science. A committee, of which Dr. W. H Sharp of Grafton is charman, was appointed on new remedies.

The following are the delegates to the American Medical Association, which will meet at Washington City on the second Tuesday of May, 1868: Drs. Thos. Kennedy, Grafton; R. H. Cummins, Wheeling; I. G. Wilson, Martinsburg; F. C. Shepherd, Brandonville; J. M. Lazzell, Fairmont; E. D. Safford, Parkersburg; and M. C. Dougherty, of Grafton.

Dr. H. W. Brock, of Morgantown, read his essay on "Hasty and Imperfect Reasoning in regard to the influences of Medicines in the cure of Diseases, reviewed as one of the sources of error in practical medicine."

Clarksburg was selected as the next place of meeting, and Dr. J. W. Ramsay as Chairman of Committee of Arrangements.

Various resolutions, votes of thanks, etc., were passed, when, on motion, the Society adjourned to meet at Clarksburg on the first Wednesday in January, 1869.

Editorial Department.

Periscope.

Arsenical Medication in Pulmonary Phthisis.

At a late meeting of the Academy of Medicine of Paris, M. Moutard-Martin read a paper on the value of arsenical medication in the treatment of pulmonary phthisis. He arrived at the following conclusions: 1. Arsenical medication has a very decided effect on pulmonary phthisis. 2. Its action is more efficacious in slow consumption than in the rapid form accompanied by fever. 3. Rapid consumption and granular phthisis are not at all modified by it. 4. In a great number of cases, even in the advanced phthisis with hectic fever, the general condition of the patients is favorably affected—at least, for some time, which occasionally is of considerable duration. 5. The modifications of the local lesions only occur at a later date. 6. A certain number of cures may be attributed to arsenical medication; and this method would give more results, if the patients did not too soon consider themselves cured, and if they had more perseverance. 7. To be efficacious, the treatment must be continued for a long time. 8. The arsenic should be administered in very fractional doses. 9. The daily doses of arsenic should not be larger than two

centigrammes, (about one-third of a grain.) 10. Arsenic agrees better with patients in the early stages, than with those who have reached the stage of true consumption. The most evident action of arsenical medication is one which reconstitutes, and secondarily modifies, the pulmonary lesion. However, certain facts proving that arsenic possesses a direct action on the respiratory function, it may have one on the pulmonary tissue itself and on the tubercle.—*Gaz. des Hôpitaux*, 9 *Janvier*, 1868.

A New Device for the Treatment of Fracture of the Patella.

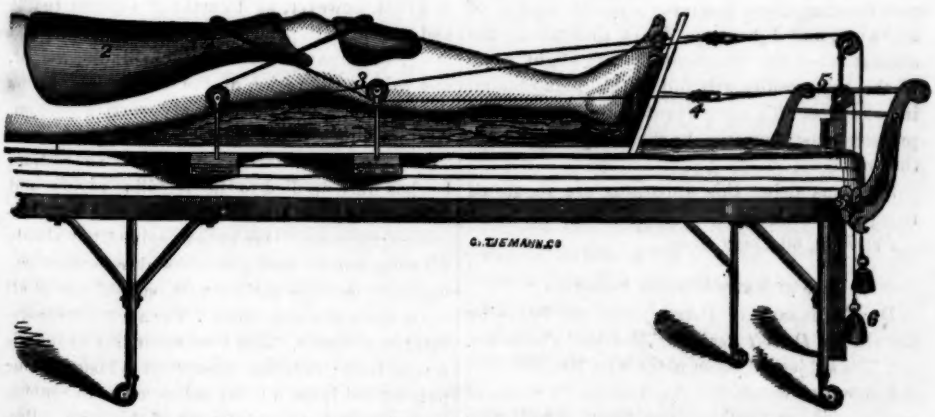
Dr, J. H. HOBART BURGE, of Brooklyn, N.Y., in a communication to the *N. Y. Medical Record*, says:

"The number of methods already in use for securing the best possible union after fracture of the patella is so great, and so much ingenuity and experience have been brought to the subject, that one could hardly excuse himself, for occupying afresh the attention of the surgical world, unless he felt sure that he had something of real value to contribute.

If the fracture be simple, and there be no considerable swelling of the limb, it will not be necessary to bandage from the foot. Should there be much local inflammation, an evaporating lotion should be applied till its severity is abated. In other cases we may proceed at once to the permanent dressing.

Place the limb upon a straight splint of uniform width, provided with a foot-piece, and comfortably padded. The foot may be elevated, or not, as seems best in individual cases. A substantial piece of sole-leather, of suitable length and width to cover the anterior aspect of the thigh, should be nicely fitted by narrowing it toward the knee and making its lower end concave, to adapt it to the upper border of the patella. Immerse it in cold water till it is thoroughly pliable. (If hot water be used, it will take too long to dry.) Pad it on one side with cotton-batting, and cover with cotton-cloth, neatly sewed on. Confine it to the limb by means of a bandage evenly applied. After a few hours it will be firm as a board. Then a small, strong cord, stitched across the lower end of the splint (2), is passed through a pulley at a lower level (3) on either side of the limb, and made to complete the circuit by traversing a pulley (4) beyond the foot. Another cord passes over the wheel (5) at the foot of the bed, connecting the flying pulley (4) with the weight (6). The lower fragment may be dressed in a similar manner, as shown in the engraving; further description is unnecessary.

The amount of extension and of padding, and the tightness of bandages, must, of course, be left to each surgeon's judgment. The smallest-sized metallic pulleys are cheaper, more appropriate, and just as efficient as larger. Those at the side of the limb should not be attached to the long splint,—it is better to screw them into separate strips of pine board lying transversely under the long splint. Their distance from the limb, and their inclination from the perpendicular line, must vary in different cases; otherwise the cord will sometimes press unpleasantly upon the sides of the limb, or slip from the pulleys.



While my efficient House Surgeon, Dr. A. E. SPOHN, was dressing a case for me, he introduced what I have called the "flying pulley" (4), and I was glad to adopt it, equalizing as it does the pressure upon opposite sides of the limb.

When the leather splint has become dry and

firm, the bandage which secures it may be replaced by strips tied or buckled around, outside of both upper and lower splints, thus leaving the circulation free in the sides of the limb.

The straight splint upon which the limb rests, may be divided transversely, and strongly hinged opposite the knee, to enable the surgeon to make slight passive motion without disturbing the dressing; in this case, however, it will be necessary to support it upon another board.

The advantages promised by this apparatus are:

1. It leaves the injured bone so exposed to the surgeon's observation, that he need have no anxiety in reference to *tilting*, *side-slipping*, or *retracting* of the fragments.

2. It grasps so firmly, and yet so tenderly, the quadriceps extensor, together with the upper fragment of the bone, that it enables us to approximate the broken surfaces more completely than I have ever been able to do without violence.

3. It is comfortable to the patient.

4. It is inexpensive, simple in all its parts,—easily extemporized, and easily applied.

I am not unmindful of the fact that some are now treating these fractures without apparel of any kind, and I have no doubt that where the separation of the fragments is very slight, some of the best results will follow this plan of non-interference. This expectant method in surgical practice must, however, be the exception and not the rule.

Surgeons using this apparatus are requested to report their cases."

Brooklyn, 60 *Court street*.

Case of Extra-Uterine Fœtation.

Dr. F. Gilbert, of Detroit, gives the following case in the *Detroit Review of Med. and Pharmacy*.

"The subject of these notes was Mrs. H ——, a resident of Windsor. Aged about 28 years, of medium size and rather spare form, constitution frail, never strong, often complained of debility and lassitude; of a nervous temperament; she was prone to fits of palpitation and the subject of uterine disorders. She was especially liable to attacks of menorrhagia, for which I had more than once prescribed for her; and it was for this I was called to see her about April 14. At the time of this visit, she was suffering from severe abdominal pain, or in her own words, 'all over;' no part of the body, when touched or pressed upon, being free from pain. The tongue was moist and but slightly coated, the pulse weak and rather quick, skin pale and cool, countenance anxious, and the vital power low. The most marked feature of the case at the time, was the shrinking from touch and especially from any attempt at moving the body. So greatly did the nervous element predominate, as indicated by the excessive impressibility, that at first I was disposed to regard it as a little complicated with hysteria. Neither willing to risk too much 'masterly inactivity' on the one hand, or too heroically elevate, by first depressing, on the other, I pursued, as I supposed, a medium course. Under an anodyne and alterative treatment, the symptoms gradually gave way, and thus for a while she continued to improve, but with an occasional sharp twinge of pain shooting through the uterus. This last new feature of the case led me to make a vaginal examination with the speculum. The os uteri was somewhat engorged, and red, slightly tumefied, and covered with a light creamy coating, easily removed, showing the deeper color beneath. A few applications of solution of nitrate of silver dispersed both the redness and the coating. While flattering myself with the gradual but certain recovery of my patient, I was soon disappointed by the recurrence of her former attack of pain, etc., so modified, however, as to make it evident that I had to deal with pelvic inflammation. Increased fever, accompanied by a sense of fulness, weight, and pain in the region of the pelvis, just below the left ovary, corroborated my worst suspicion. At this juncture of affairs, Dr. Pitcher was called in consultation. At his suggestion, leeches were applied to the left iliac region, and followed up with a mild alterative and antiphlogistic treatment. Our patient rallied but slowly till suppuration took place, the abscess discharging itself into the vagina, with subsidence of all the unfavorable symptoms. For a while improvement was steady. But here again my prognosis was at fault; delusion succeeded delusion. Our patient had indeed so far recovered as to contemplate removal to another part of the town. Preparatory to leaving the house, in the attempt to use the vessel she felt something as she remarked 'give away.' Directly suffering was even greater than before, but of shorter duration. This event was followed quickly by difficulty in evacuating the bowels and in urination. An examination per speculum revealed retroversion of the uterus, its fundus pressing low down against the rectum, while the neck was bent at an acute angle. The bladder was lying against the right acetabulum; as a consequence, evacuation of the rectum and the frequent emissions of urine, never to exceed an ounce or two, were very painful.

"Owing to the extreme soreness of the parts, a forcible attempt at replacement at this time was not thought expedient. An attempt, however, was made by the use of a pessary, but of no avail. For some time subsequent to this, her condition was not so much marked by any improvement as by indifference, or rather anxious suspense. Still she so far mended as to be able to be removed to her mother's.

"Nothing discouraged, nor perseverance relaxed, a persistent effort was kept up, hoping, that with the aid of time and nature, two great restorers, the case would be brought to a happy issue.

"About the first of June, a slight elevation of the abdomen, corresponding to the left ovary, became perceptible, indicating a tumor in the pelvic cavity. What was it? The uterus was lying on the opposite side, and the fundus low down in the cavity. Had we now to deal with an ovarian tumor? She had menstruated twice during her present illness. Whence, then, the opaque, inodorous discharge from the vagina, giving a reddish tinge to the patient's linen? Did the frequent gushes of this fluid, accompanied with a peculiar popping noise, as if something had burst within, point to polypi or hydatids? There was no enlargement of the breasts, nor uterine hemorrhage. There was an entire absence of signs diagnosticating these abnormal growths; and how should we reconcile an increased discharge with increment of tumor? What was the import of that evidently placental murmur, or was it placental at all? Such queries were entitled to an intelligent reply. Was, then, our patient pregnant? Three facts, in my judgment, pointed in that direction, viz., the placental murmur, fœtal movements, and persistent enlargement of the tumor. I am aware of the inherent weakness of this inference as a logical conclusion, if the facts are regarded separately, since they as much need to be explained as the *other* fact which they attempt to account for. So far as other morbid conditions to which these facts *might* point, are concerned, I think they are negatived by an absence of *sustaining facts*, and thus by standing alone are mere *symptoms*, whereas if taken collectively, in a synthetical way, become a *sign* of the only condition to which they could reasonably refer. The conclusion is amply sustained by what followed. A further conclusion, based upon the misplacement of the uterus and the form and position of the tumor, was that it was a case of extra-uterine pregnancy. With this conviction, the important question remained, what could be done for the safety of our patient. While deliberating upon, or rather waiting for an answer from our patient, she was induced to seek relief, if possible, from other hands. We lost sight of her July 15. Her mother states, that about three weeks before her daughter's death, an exploring instrument was passed into the tumor through the abdominal walls; that this was almost immediately followed by chills, and in the course of a week or so, by severe pain and great enlargement of the trunk, and by copious vomiting of a green, slimy fluid. This continued almost without abatement, until from sheer exhaustion she expired, August 28.

"I received the following account of the *post mortem* appearances from a gentleman who was present: 'The fœtus was lying free in the abdominal cavity, and was considerably decomposed. I judged the rupture to have taken place ten days before. The left ovary had given way, and presented the appearance of a large membranous sac. The right ovary was normal, as was also the uterus. There was extensive peritoneal inflammation, with effusion of plastic lymph, and very firm adhesions to the abdominal walls.'

"As unfortunately for the patient as for medical science, no general rule, which shall meet all cases of this kind as regards operation, can be laid down for our guidance. There are cases, however, where all or nearly all the conditions would seem to justify such a procedure: and yet, if guided by experience, the greater number of recoveries have been without an operation. The powers of self-adaptation to all the inconveniences and dangers incident to extra-uterine gestation, whether ovarian, tubal, or interstitial, would quite nullify an operation merely for the fœtus, if we except those cases where suppuration has already occurred, demanding our aid for the exit of pus; and, indeed, these appear to be about the only, or at all events the most favorable cases for using the knife. 'In twelve cases of gastrotomy,' says CAMPBELL, 'performed *after* the suppurative process was well advanced, ten of the operations were successful. Of *nine* women operated on, however, during the *existence* of fœtal life or soon *after* its extinction, the whole died.' The only cases, therefore, in which an operation is almost imperative, are those where suppuration has taken place."

Absinthism.

Dr. AMORY concludes an article on this affection, common enough in Paris where Absinth *liqueur* is a favorite beverage, as follows:

Let us now examine the analogy between the two drugs, absinth and alcohol, in their therapeutical effects, and we consider them entirely

distinct and opposite. We will compare, side by side, the different symptoms as detailed in these last six experiments performed by myself (these six being selected from a series of thirty conducted by M. Magnan and myself in Paris last spring, with the exception of the last mentioned, which I conducted lately.)

Symptoms.

Absinth.	*Alcohol.*
Animal perfectly well for fifteen minutes, at the least, after the ingestion; with the exception of a few muscular twitchings and a slight uneasiness.	In a very few minutes symptoms of inebriation, resulting in torpor.
Muscular agitation, commencing in the *anterior* portion of the body.	Paralysis, commencing in *posterior* extremities, and then extending to the anterior.
No paralysis.	Paralysis of both posterior and anterior extremities in succession.
Epileptiform convulsions and rigidity, resulting in a rapid death.	No convulsions. Stupor, coma, resolution and a gradual death.
No apparent lesion, except, perhaps, a *slight* cerebral congestion, showing the cause of death to be intoxication of the poison.	Lesions of the brain and of the alimentary canal; gastritis and enteritis might have supervened, had the animals lived long enough for their development.

The epileptiform convulsions occurring in absinthism are the result of poisoning by absinth, and are not attributable to the alcohol contained in its *liqueur*.

The paralysis in alcoholism (whether by *absinth* or *cognac*) is due to the alcohol and not to the absinth.

The Use of Carbolic Acid in Surgery.

Dr. D. S. E. Bain writes as follows to the *Canada Medical Journal:*

"In the columns of the *Lancet* during the past year, Professor Lister, of Glasgow, was the first to bring before the medical world the uses to which carbolic acid could be advantageously applied, and notwithstanding the controversy which has since arisen on this subject, it must be admitted that Mr. Lister has the honor of having brought prominently forward in the columns of the *Lancet*, the uses to which this acid can be applied externally. From Mr. Lister's favorable description, I was induced to try it in various ways: the first was a case of carbuncle, only remarkable for the method of treatment. It occurred in the ordinary situation, viz., the nape of the neck; free incisions were made, and a pledget of lint, saturated with carbolic acid, was inserted in the wound, over which a solution of the acid in glycerine (℥j. to ℥j.), was used as the ordinary dressing. Within 48 hours the slough separated, leaving a clean healthy surface, which healed rapidly under the daily application of the acid in glycerine. From the marked success in this instance, I suggested its use in various degrees of strength, according to the nature of the affection. Thus in sloughing (syphilitic) ulcers, and in sluggish ill-conditioned sores on the extremities, this application has met *every* requirement in the most perfect manner. To cite other cases, a few weeks back, a serious gun-shot accident occurred to a young girl sixteen years of age, carrying away the greater portion of the lower jaw, wounding the tongue, and destroying much of the soft parts. The dressing, at my suggestion, consisted of carbolic acid and glycerine (℥j. to ℥j.), which was applied by saturating lint, and placing it *carefully* in all the crevices. The hæmorrhage, which was severe, ceased; and the subsequent discharge was healthy, without the slightest unpleasant odor; portions of bone came away in the shape of exfoliations, in some four weeks after the accident, without the slightest perceptible fetor, and I am happy to add that the girl is now convalescent.

"*Quebec, 12th February*, 1868."

"Nekrosoziac,"

Is the name of a new embalming process which according to the newspapers has lately been successfully tried in New York, the result of a trial of which we find described as follows:

Over two hundred members of the medical faculty assembled on Friday, April 24th, in the anatomical museum attached to Bellevue Hospital, to be present at an autopsy of the body of a female, aged about 30, dead 76 days, which had been preserved in life-like freshness by a new process of embalming called "nekrosoziac." Professor Doremus presided over the autopsy, in which several of the most distinguished physicians and surgeons of the city participated. This new process of embalming consists simply in a wash of the deceased body without wound or incision. Some of its specialties are to dispense with the old system of disemboweling, and extracting the brain; also avoiding mutilation or injection of any kind, and acting as a thorough disinfectant. The body operated upon this day was not in the slightest degree discolored; the features were as in life, and the smell as inoffensive as of a body twenty-four hours after death. The opening of the body revealed the fact that the bowels and brains, as well as the flesh, were free of the slightest appearance of taint or of smell. The limbs were as pliable as in life. Several of the

surgeons spoke in high terms of the extraordinary discovery as likely to work a revolution in the preservation and transportation of dead bodies. Another body preserved by the same process for one hundred and three days has been subjected to an equally satisfactory examination.

Reviews and Book Notices.

NOTES ON BOOKS.

Messrs. LEYPOLDT & HOLT, 451 Broome street, New York, have in press a work on the native religions of the American Indians, entitled, "The Myths of the New World," by Dr. D. G. BRINTON. It commences with a sketch of the red race, and examines their religious notions from the point of view of general anthropology. It will be ready about the first of May.

A complete treatise on diseases of the eye, by J. SOELBERG WELLS, is to appear in London next October. The book will contain 150 wood-cuts, and also chromo-lithographs, which have been taken, by special permission, from LIEBREICH'S Atlas d'Ophthalmoscopie. It will amount to 750 or 800 pages.

There can be no doubt of the great value of this treatise. Mr. WELLS has enjoyed every possible opportunity of becoming familiar with ophthalmology in the cliniques of Germany and France, and has for a number of years been connected with the Royal London Ophthalmic Hospital, Moorfields, and is on intimate relations with Mr. BOWMAN and Mr. CRITCHETT. His ability as a writer has already been exhibited in a treatise on refraction and accommodation, entitled, "Impaired Vision." None can be better qualified for the task he has attempted.

The two medical periodicals hitherto published in New Orleans have been consolidated under the name of "*The New Orleans Journal of Medicine*," and the second number now issued. The editorial department of the new journal is conducted by Dr. S. M. BEMISS and W. S. MITCHELL, assisted by able co-laborators for each special division of medical science.

Mr. T. K. COLLINS, of this city, proposes to issue, under the editorship of Dr. JOHN H. PACKARD, a Medical Directory, or register of the regular medical profession in Philadelphia. It will contain, besides a full list of practitioners, information in regard to the various schools, hospitals, charitable institutions, and medical societies; addresses of nurses, and such other matters as may be deemed appropriate.

Dr. RUPPANER publishes a letter in the *Medical Gazette*, in which he gives his reasons, or excuses for writing in the manner he did to the senior editor of the *Boston Medical Journal* about a review of Dr. R's work on laryngoscopy. We are glad that he feels the necessity of explaining such a document, but we cannot see that the aggravation justified him in so far forgetting those rules of courtesy which should ever be observed between medical gentlemen.

A Manual of the Dissection of the Human Body. By LUTHER HOLDEN, F. R. C. S., Assistant Surgeon and Lecturer on Anatomy at St. Bartholomew's Hospital, London. With Notes and Additions by ERSKINE MASON, M. D., Demonstrator of Anatomy at the College of Physicians and Surgeons, New York. Illustrated with numerous Wood Engravings. New York: ROBERT M. DEWITT, publisher, No. 13 Frankfort street. One vol., large 8vo., pp. 588, cloth.

A really good manual of anatomy is a book which is always welcome, and the work before us merits decidedly to rank among the really good. It is concise and clear, suited admirably to the requirements of the student, and useful to the practitioner who would keep in mind the relation of the parts.

As its title denotes, it is a manual of dissection, not an anatomical treatise, in the scientific sense of the term. It teaches the necessary incisions, and explains the parts as they come into view under the knife. This method has very many and obvious advantages for the student, and from the care with which it is carried out, and the pains taken to illustrate and describe fully each, we think the editor is justified in believing that it is the best guide that has yet appeared for use in the dissecting-room.

The additions made by the American editor have reference to the anomalies, the measurement and the weight of organs, and occasionally to points in surgical anatomy which the student should be mindful of while before the cadaver. They are carefully prepared, and add materially to the worth of the book.

The illustrations are one hundred and thirty-four in number, well cut, and generally well printed. Tables of the chief arteries and nerves are added, and also a table of muscles, arranged after the manner of Dr. BARCLAY, according to their actions. A full index closes the book, but there is no table of contents, which is to be regretted.

The publisher has done his portion of the work well, though we cannot help wondering why *manuals* must be printed of such large size.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 2, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require as little revision as possible.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

AMERICAN MEDICAL ASSOCIATION.

Several topics of great importance to our profession, have been discussed in medical circles during the last year, which might profitably be brought before the American Medical Association. We have already alluded to the growing necessity of drawing some line between M. D's. The title of the doctorate is fast loosing the respect and dignity which went with it some years ago. The creation of so many seven-by-nine, one-horse colleges, regular and irregular, all over the country, and the low standard of scholarship render the title of Doctor of Medicine no guarantee at all, that the bearer can read, write, and cypher, let alone that he is qualified to treat complicated diseases, and perform delicate operations. We need a chapter of colleges, and a uniform standard of education for the doctorate.

Then again, there is a series of questions arising out of the relations of apothecaries and physicians, vitally important to the interests and honor of the profession. The ownership of prescriptions, the custom of levying per centage on prescriptions, the sale of proprietary medicines, the adulteration of standard articles, etc., are inquiries which in this last year have been mooted in many secular as well as scientific journals. They *must* soon receive attention at our hands, or both the profession and public will suffer.

The rank of medical men in the navy is a disgrace to our standing, and we are glad to see that a committee is expected to report on this subject. We hope that steps will be taken on the receipt of that report, which will correct these present conditions, and give surgeons something nearer a becoming position.

For the honor of the profession at large, some examination should be ordered of the alleged sales of "American diplomas" in England, which has been several times referred to in the public prints of England during the last year, greatly to the injury of the credit of our physicians abroad.

Notes and Comments.

Pay your Postage!

A correspondent, Dr. Jos. Adolphus, late of Hastings, Mich., now of Logansport, Indiana, whose communcations to the Reporter have led to an extended correspondence, begs us to request his correspondents to inclose stamps to pay the postage on replies to their letters. We embrace the opportunity to make a similar request. Our correspondence is immense, and the burden of postage enormous. Our postage bill in 1867 was $349, and there was besides, a large amount of correspondence for which stamps were enclosed for answers.

Resignation.

The venerable Professor Robley Dunglison, who for so many years has occupied the chair of physiology in the Jefferson Medical College in this city has resigned.

Eye Clinic.

A clinic for the treatment of diseases of the eye has been instituted at the Jefferson College. It will be of great advantage to the students, as opportunities for studying this class of diseases, have not been numerous heretofore. It will be held on Saturdays at 12 o'clock.

University of Michigan.

It is stated that all but one of the members of the Medical faculty of the University of Michigan have resigned on account of the action of the Regents in establishing a chair of homœopathy.

Hard-Rubber Supporter.

We have been shown a very neat light abdominal supporter, made of hard rubber, and manufactured by I. B. Seeley, of this city. Having no covering, there is nothing to absorb moisture, and it weighs but a few ounces. It is so con-

trived, too, as to avoid pressure on the bladder, while, when warmed, the hard rubber moulds and adapts itself to the parts. Without having tested it, it looks like a useful addition to the various contrivances of its class.

Correspondence.

DOMESTIC.

On the Signs of Death by Drowning.

EDITORS OF THE MEDICAL AND SURG. REPORTER:

The following case may not prove uninteresting to those of your readers who are occasionally entangled in medico-legal investigations, and perhaps to others, since the physician is always liable to be called to the assistance of the law in determining how, where, when, and by what means individuals have met with death.

On the evening of July 5th, 1866, the body of an unknown female was found in Bullough's Pond, Newton Centre, Mass. The appearance of the body, and the circumstances under which it was found, justified the suspicion that drowning was not the immediate cause of death. The corpse laid on the bottom of the pond, in about two and one-half feet of water, face downward, the head pointing toward the road, twelve feet distant, and being eight feet from the water's edge. The intervening space was occupied by a thick clump of bushes, hiding a rail fence. These did not indicate the passage of any one. A deposit of about eight inches of soft mud composed the pond-bottom. A few rods eastward, "down the road," was a gap in the bushes, through which a person might have passed to the water directly.

Nothing was elicited from a careful examination of the vicinity for foot-marks, etc. The body was, by direction of the coroner, removed to Lyceum Hall, where it was minutely examined. The fingers were half-closed and set; no abrasion of the cuticle, nor collection of dirt beneath the nails; throughout *rigor mortis* well developed, yet the body was unusually cold; the chest was not elevated; the tongue was thrust beyond the teeth, and firmly included between them, being pierced by the cuspids; no froth or any fluid exuded from the mouth, ears, or nose; pupils much dilated, the left more so than the right; no œdema discolorations; ecchymosis apparent about the body; abdomen and extremities showed considerable adipose tissue; intestines distended with flatus; no indications whatever of external violence.

On the afternoon of July 6th, assisted by Drs. ROBINSON and JONES, of Newton, I made an autopsy. The scalp was not congested; calvaria removed; no congestion of dura mater; anterior lobes of the brain perfectly normal; the cerebellum was found to be in a state of white softening; the optic thalami and corpora striata were in a state resembling soft pulp; the ganglia of the tubor annulare and medulla oblongata were intact, although the ramolissement seemed to be rapidly threatening the latter; the interior of the skull was carefully examined; no fracture, exostosis, or anything sufficient to cause death was found.

Thorax.—Lungs healthy; no œdema nor congestion; no froth in trachea; a slight amount in large bronchi.

Heart.—Evidence of old pericarditis; otherwise this organ appeared natural; no collection of blood nor clots in either of the cavities; large arteries natural.

Abdomen.—Stomach filled with its natural contents; intestines distended with flatus, little fecal matter; liver perfectly natural throughout; the gall-bladder exhibited a slight ulceration, perforating the interior and middle coats; spleen gorged with dark blood; kidneys, bladder, and appendages natural; the uterus was small, apparently never impregnated; internal diameter two inches, transverse one inch.

The medico-legal questions which may arise in connection with a body found under water may be arranged under the following heads: First whether the body was immersed before or after death; second, whether the individual has fallen into the water by accident, committed suicide, or been thrown in by others. First. The inference that the person was living at the time of the immersion is drawn from an attentive examination of the external state of the body, and from a careful anatomical investigation.

The body of a drowned person usually presents the following appearances: It is very cold, apparently colder than the actual temperature; the limbs are more or less stiff, according to the time that has elapsed since death; the visage is swollen, oftentimes dark-colored, sometimes pale; the eyes are half-open, with the pupils dilated; the mouth is filled with froth; the tongue is advanced beyond the teeth; thorax and abdomen elevated, the latter oftentimes being much distended—this condition is peculiar to those who perish in clear cold water, as the sea, rivers, etc. The ends of of the fingers ore oftentimes found rubbed or scraped, and dirt or sand similar to that on the bottom of the water, is found under the nails. Coupled with this is the negative sign of any-

thing which could have caused death previous to submersion.

The trachea and bronchi of a drowned person will be found to contain froth, oftentimes bloody. Lungs œdematous. The auricles and ventricles are filled with clotted or fluid blood, and the right auricle and ventricle generally more so than the left. The depressed diaphragm and stomach containing suspicious fluid, are signs not to be neglected. (Orfila states that the latter is the only reliable sign of submersion during life, as a struggling person would naturally swallow the fluid in which he was submerged.) The brain, also in this case, will show a certain turgidity in its vessels, oftentimes in exact proportion to the delay or speedy approach of death.

I have myself noticed a peculiar expression of countenance, which is never forgotten by those who have once seen a drowned person, and there are those who hold this to be an infallible indication.

The proofs then of death before submersion would naturally be deduced from an absence of the various signs above enumerated. These being found wanting, and, should any marks of violence exist about the body, or suspicious circumstances be brought forward in evidence, in connection with the last moments of the deceased, there would be ample grounds for suspecting foul play.

In the present case death by drowning is not proven. In the absence, then, of all external appearances of death by physical violence, we find ourselves discussing probabilities.

This individual might, in a fit of temporary derangement, have wandered into the water, and met with instantaneous death from syncope, or sudden stoppage of the heart's action, from the nervous shock involved by suddenly becoming conscious of the circumstances in which she was placed, in which case she might not have breathed or swallowed after immersion. Or she might have received a severe fright, causing instant death, and have afterward been placed in the water.

Violence might have been used sufficient to cause death by syncope, with no external mark sufficient to determine the nature of said violence, as, per example, blows upon the head, epigastrium, neck, or clavicle. *The condition of the brain was such that sudden death was imminent at any time.*

It was testified at the inquest, that this woman was occasionally deranged, and that for some time antecedent to her death she was "*strange in her conduct.*" It was furthermore testified that she had been, on the day previous to her death, a considerable distance from home, in the direction of Bullough's Pond, for the purpose of collecting certain rents due her, which it was not shown that she had received. There were eight inches of soft mud where she was found on the bottom of the pond. She wore slippers and white stockings, yet these did not indicate that she had walked in the water. The evidence was incomplete, and the jury brought in a verdict accordingly; expressing themselves strongly of the conviction that this woman had wandered into the pond in a fit of temporary derangement, and died suddenly before her face became submerged in the water.

Chandler B. Braman, M. D.

Brighton, Mass.

Permanganate of Potash in Rheumatism.

Editors Medical and Surgical Reporter:

As the above remedy has been favorably mentioned in rheumatic cases, I wish to give you, very briefly, the result of a few trials made with it during the past winter.

The first case was that of an old soldier, who had previously suffered from attacks of chronic rheumatism, affecting the shoulder-joint. He could not move his arm without great pain, and was entirely unable to attend to his duties. Ordered:

℞. Potassæ permanganatis, gr. ij.
Syr. sarsaparillæ, f.℥j.

M. et. solve. One teaspoonful three times a day.

In four days he was well. He says all his previous attacks lasted five or six weeks.

Case 2. A soldier on duty as messenger at head quarters Detroit, aged 40 years. In his case, the seat of the affection was the ankle-joint. Local symptoms, redness, pain and tumefaction. Directed the permanganate as above. Eight days after he commenced the medicine he was well, and returned to duty.

Case 3. Irish female servant, aged 35; affected with chronic rheumatism of the elbow and wrist-joints, unable to use her arm, and had to quit all work. Had suffered from previous similar attacks frequently during the past year. Under the use of the permanganate for ten days was relieved, and has not suffered since, for a period of four months.

Case 4. This was the case of an old officer of the army who had rheumatism of the shoulder-joint, affecting also the articulations of the clavicle and intercostal muscles, accompanied by fever at night, and profuse perspiration toward

morning, of a sour and disagreeable odor. Urine clear when passed, depositing, on cooling, a red brick dust sediment. Ordered permanganate as above. Some years ago, he says, he had a similar attack, which laid him up for six weeks.

After three days he began to improve, and in ten days was well, complaining only, occasionally, of some slight twinges on exposure to cold and damp weather.

As rheumatism, when uncomplicated, may subside with great rapidity without treatment, or, under every variety of remedy, it may be that no correct inference can be drawn from the use of any particular medicine, in a limited number of cases, but making all due allowance, I have been most favorably impressed with the permanganate, especially when I contrast the results obtained, under its use, with all my previous experience in the treatment of this obstinate disease.

W. S. KING,
Brev't-Colonel and Surg., U. S. A.

Detroit, Michigan.

Drainage Tubes.

EDITORS MEDICAL AND SURGICAL REPORTER:

Will you answer a contributor of your Journal, some facts concerning drainage for tubes? For what cases they are applicable, and if they would be in the following case?

A boy about sixteen years of age has caries at or near the tibio-dorsal synchondrosis of the inner or pelvic side! It discharges pus from the groin, and has for more than a year. The pus keeps the surface of the groin excoriated continually.

Now, would a tube of the kind stated, prevent this excoriation? And if so, please recommend one that would be applicable to the case.

Respectfully,
C. BLODGETT, M. D.

Holyoke, Mass.

[We refer the writer to CHASSAIGNAC'S book itself, or full and satisfactory details in regard to surgical drainage. Our space does not allow us to give even a partial analysis of the labors of that skilful French surgeon in this direction. We shall simply state his plan in a few words. It consists in inserting small India-rubber tubes, perforated with small holes into any suppurating canal, cavity or abscess, to gradually drain off the pus secreted therein. And it is particularly in regard to those cases in which the pus is formed about carious bone on the principle of drainage is of great importance. The particles of the eroded bone mixed with the *debris* of soft tissue surrounding them, cannot be absorbed, but remain where they are cut off, penetrating in various directions, and thus help to keep up irritation and aid in the dispersion of the suppurative action. Here it is plain that the tube will answer an admirable purpose in keeping the source of a prevalent discharge free from any undue accumulation in the part, and so far tends to arrest the progress of the disease in the bones. The plan is more particularly adapted to superficial parts, when the tubes can be placed across the cavity where the pus is being formed. In this manner, in caries of the tarsus, depending upon scrofulous disease, you may pass two or three tubes if you please, right through the midst of the bones.

In the case you mention, we think, if you can trace out the sinus leading down to the point where the diseased action is going on, there is no doubt but that you will not only in a great measure avoid the slighter inconvenience of excoriation of the groin, but will also confer a further service upon your patient in employing a means that will tend to limit the morbid action going on in the pelvic cavity.

The practical difficulty in the way of applying the drainage tube in the case, arises from the fact that the pus in working its way from the carious sacro-iliac synchondrosis to the surface, generally furrows sinuses in such devious directions, that it would be exceedingly difficult, if not impossible, to put the perforated extremity of the tube right in the foyer of diseased action, which in our opinion would be a necessary condition for successful drainage. We would, however, advise you to try it.—EDS.]

A Simple and Easy Mode of Operating for "Fistula in Ano."

EDITORS OF MEDICAL AND SURGICAL REPORTER:

If you think the following communication may be of advantage to your readers, please publish.

Introduce through the anal orifice a *fenestrated rectal speculum*, insert a probe into the fistula, and search for its internal opening, which, if the fistula is *complete*, may be readily discovered by gentle pressure of the end of the probe upon the mucous membrane opposite the *vacant* space in the speculum, or should an internal opening not be found, the end of the probe will indicate precisely *where one should be made*. The operation is then quickly finished by the introduction of the knife guided by the probe, and the severing of the parts in the usual way, its point being entirely protected and visible to the eye by means of the *fenestrated* speculum.

The advantages of this mode of operating are

obvious. You avoid all possibility of cutting the finger, and greatly facilitate the introduction of the probe or knife through the internal opening, or, in the making of an internal opening should the fistula be incomplete.

I have operated several times in this way to my entire satisfaction.

Rob't B. Browne, M. D.

Janesville, Pa.

"The Blue Baby."

Editors Medical and Surgical Reporter:

Some time last summer, I was called to see an infant, popularly known down in the pine woods where the parents lived, as "*the blue baby.*" Being something new to me, pathologically, I have concluded to ask the brotherhood for *light* on the subject. It was some four or five months old when I was called in consultation with the attending physician to see it. It had been blue from birth, and never well. The skin was blue all over it, the color deepening on the lips, in the mouth and toward the extremities of fingers and toes; feet and legs slightly œdematous, respiration hurried and laborious, chest unnaturally short, and instead of the oval form of the breasts of healthy children, it came off sharp into a sort of ridge. The good old ladies (the irrepressible doctresses) said it was the hives that had produced the color; but I know nothing of that disease, any further than that the feces of sheep is a universal panacea, and that nearly all of us—however revolting to us now—have drank more or less of it. My opinion, however, is, that the eruption known as hives, and the bold hives, etc., is caused by the washing of babes, denuding the skin of the albuminous matter, and the to stimulating effect of the air. Were they oiled and dressed, there would be but little or no eruption of the skin.

But to return; my diagnosis of the case was, that the color of the skin and subsequent death of the child was caused by a deformity of the chest, preventing a sufficient ingress of air to oxygenate the blood. This child was very little larger at five months old than at birth—said to have been small and feeble when born. Is there any disease of the blood, or any of the component parts of the economy that will give rise to such symptoms as above described, except carbonized blood? As stated before, the child was blue from birth, with an abnormal formation of the chest. Now, as the enlightened, "regular bred" physician never withholds any knowledge which he may possess from his less informed brethren, I would like to know whether my opinion was correct in this case, and if not, what disease or condition would give rise to such a phenomenon as a blue skin. What was the matter with the "blue baby?" W. B. Tackett, M. D.

Cuthbert, Ga., April 8th, 1868.

Bromide of Potassium in Whooping Cough.

Editors Med. and Surg. Reporter:

Allow me to give you a case in practice that may be of some benefit to those of your readers that are not already acquainted with the fact.

It is that of a child, eighteen months old, that was attacked with "whooping cough," and the family thinking it of not much consequence, medical advice was not sought; but to their disappointment, the child got worse, having convulsions every hour, lasting from five to fifteen minutes.

I was asked to see it on Saturday, but being absent, did not see it until Sunday morning. Found it with a hurried respiration, quick pulse, and the usual symptoms of the disease, such as a suffocating, convulsive cough, no paroxysms. Ordered warm bath, and sinapisms to the breast, and after exhausting the usual remedies without apparent success, (including camphor and chloroform,) and seeing that death would soon relieve the little sufferer, if I did not, I struck off on another track, administered "bromide of potassium," in 1½-grain doses every two hours, in solution, with the happiest effect, as the child is now well and hearty.

I have always been of the opinion that the cough depends on an irritation of the respiratory nerves, and is consequently spasmodic, and knowing the value of bromide of potassium as a spinal sedative, administered accordingly, with the above results. James S. Lewis, M. D.

Farmington, Pa., April 13, 1868.

News and Miscellany.

Respiration of Animals.

M. Reiset, in a memoir to the French Academy of Sciences, gives an account of his experiments on the exhalations of calves, sheep, etc. The apparatus used by him was large enough to inclose the whole animal. Under normal conditions he found, during the respiration of calves and sheep, that carburretted hydrogen was given off in considerable quantity; but this was not the case when calves were fed upon milk. M. Reiset regards carburetted hydrogen as the result of incomplete combustion, and draws the general conclusion that the respiratory products depend

much more upon the nature of the food than upon the species of the animal.

Mustard Paper.

When we noticed in the REPORTER of April 11th, a mustard paper prepared in Paris, we were not aware that a similar preparation in all respects was manufactured in this city. Mr. B. J. CREW, Chemist, 25 North 6th Street, in this city, has shown us his prepared sinapisms, which possess, in all respects, the advantages claimed for the Paris preparation.

Specimens will be sent to those desiring them by enclosing a stamp to the above address.

Fougera's Cod-Liver Oil.

According to the *New York Medical Gazette*, a trial has been made during the past autumn and winter of FOUGERA'S Cod-Liver Oil in the out-door department of Bellevue Hospital. The *Gazette* says: "The advantages claimed for Mr. FOUGERA'S cod-liver oil, are, that by reason of the addition of iodine, bromine, and phosphorus, it is more efficacious, and at the same time the stomach need not be disordered by an excessive amount of oil administered. This oil was given to about eighty patients, about thirty of whom were children, the remainder belonging chiefly to the department of chest diseases. The opinion of the physicians using it is nearly unanimous to this effect: that the oil is of decided medicinal value; that compared with cod-liver oil, it appears to take effect more rapidly; and that it obviates the very common necessity of adding extemporaneously to the oil, medicines containing iodine or iron, particularly the syrup of the iodide of iron." This very soon becomes decomposed, forming a very unsightly mixture. The above testimony is corroborated from various sources, from all parts of the country.

The formula of the Cod Liver Oil, (as given by Mr. FOUGERA,) is, that in addition to the natural amount of iodine, bromine, and phosphorus, each quart contains,

Of Iodine,	- -	16 grains.
" Bromine,	- -	2 "
" Phosphorus	-	2 "

which renders its curative properties more valuable, and enables the patient to take into the stomach a sufficient amount of the chemical substances in the fatty matter, (thereby preventing nausea and over-taxing, etc.,) tending to assist assimilation, and digestion, etc.

In the East, South, and far West, it is fast gaining a strong hold among the members of the profession, who have given it a thorough and impartial trial; and the good effects obtained from it have been commented upon by medical journals in all parts of the United States. It is over eight years since it was first introduced to the medical profession in New York and Brooklyn, and since then it has gradually and steadily increased in favor with the profession, and may now be regarded as among the standard preparations of the day.

The Richmond Medical Journal.

Dr. E. S. GAILLARD, editor and proprietor of "*The Richmond Medical Journal*," Va., having resigned the Professorship of General Pathology and Pathological Anatomy in the Medical College of Virginia, and having accepted a similar Professorship in the Kentucky School of Medicine, the journal mentioned will hereafter be published at Louisville, Kentucky. The title of the journal will be "*The Richmond and Louisville Medical Journal.*"

The following gentlemen have become associate editors of this work: Professors G. S. Bedford, New York; T. S. Bell, Louisville, Ky; J. C. Cabell, University of Virginia; S. E. Chaillé, New Orleans; S. C. Chew, Baltimore, Md.; J. J. Chisholm, Charleston, S. C.; S. H. Dickson, Philadelphia; F. H. Hamilton, New York; J. M. Holloway, Louisville, Ky.; L. S. Joynes, Richmond, Va.; Z. Pitcher, Detroit, Michigan; Lewis A. Sayre, New York; Alfred Stillé, Philadelphia; T. Gaillard Thomas, New York; W. H. Van Buren, New York.

All communications should be addressed to E. S. GAILLARD, M. D., Locked Box 29, Louisville, Kentucky.

Reduction of Carbonic Acid to Oxalic Acid.

Dr. E. DRECHSEL has achieved a triumph in synthetical chemistry by producing the oxalate of soda by means of carbonic acid. A mixture of pure sodium and dry sand is heated in a flask to about 350° C, over which a stream of dry carbonic acid is rapidly passed. After a few hours the metal becomes red and ultimately black. To avoid the reduction of the carbon, the heat should be moderated in the latter part of the operation, and the whole slowly cooled. Left in the air to oxidize and then exhausted with water, about one-tenth of the mass is found to be oxalate of soda. In the same way oxalate of potassa may be obtained from an amalgam containing 3 per cent. of potassium.

Pyrogallic Acid.

The old process for making this compound, usually gives only twenty-five per cent. of the weight of gallic acid employed. Messrs. De Luynes and Esperandien, by the action of heated water, transform gallic into pyrogallic and carbon acid. Into a brass cauldron having a tightly-fitting cover, they introduce gallic acid with two or three times its weight of water. The cauldron is then heated to 200° or 210° C, and that temperature is maintained for nearly two hours, when the solution of pyrogallic acid will be found slightly colored. The color is removed by bone black, and the water by distillation. A clear white product may be obtained at once by distilling the gallic solution *in vacuo*.

—— A New Medical Senator.—It will be recollected that Dr. Conneau, the physician-in-ordinary to the French Emperor, has for a long time been connected with the Imperial family, and that it was through his clever contrivance that Napoleon the Third escaped from Ham. The latter has always shown himself grateful to his medical adviser, and has lately created him a senator. Several French medical papers wonder why this favor was not granted long ago.

NAVY NEWS.

List of changes in the Medical Corps of the Navy during the week ending April 25, 1868.

Ass't Surgeons E. B. Bingham, and H. M. Rundlett, promoted to Passed Assistant Surgeons.

Drs. Peter A. Callan, R. A. Marmion, Wm. S. Willis, and Porteus P. Bielby, appointed and commissioned Assistant Surgeons.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Gallaway—Williams.—In New York, April 20th, at the residence of the bride's father, by the Rev. F. W. Williams, Robert M. Gallaway, and Lizzie A., daughter of M. W. Williams, M. D., all of that city.

Hawthorne—Bayard.—At the Church of the Holy Communion, New York, April 16th, by the Rev. R. B. Post, assisted by the Rev. F. E. Lawrence, J. N. M. Hawthorne and Elizabeth A., daughter of the late Wm. Bayard, M. D., of West Farms, N. Y.

Holahan—Fulton.—April 6th, at the Presbyterian Church, York, Pa., by the pastor, Rev. H. E. Niles, Dr. John T. Holahan, of Emporium, and Miss Alcesta Fulton, of York.

Hughes—Morrow.—On the 9th of April, by the Rev. J. H. Byers, Dr. S. S. Hughes and Miss Belle M. Morrow, both of Wadesburg, Mo., formerly of Wayne co., Ohio.

Loring—Chouteau.—In St. Louis, Mo., April 2d, at St. Malachy's Church, Leonard Y. Loring, Ass't Surgeon U. S. A., and Miss Sophia L., daughter of Pierre S. and Louise L. Chouteau, of St. Louis.

Pasley—Wingett.—April 9th, in Moultrie co., Ill., by the Rev. Clarke Loudon, Dr. B. C. Pasley and Miss Elizabeth Wingett.

Southmayd—Larned.—April 22, at Elizabeth, N. J., by the Rev. Mr. Aikman, Samuel G. Southmayd, M. D., and Maria C. Larned, daughter of George Larned, Esq.

Stout—Purdy.—April 21st, at St. Paul's M. E. Church, corner of Fourth Avenue and Twenty second street, New York, by the Rev. John McClintock, D. D., Mr. Joseph S. Stout and Miss Julia Frances Purdy, daughter of Alfred S. Purdy, M. D., all of New York.

Swalm—Raymond.—April 21, at the residence of the bride's parents, by the Rev. J. G. Bartholomew, W. Frank Swalm, M. D., and Mrs. Anna K. Raymond, all of Brooklyn.

Terriberry—Stoutenborough.—In Paterson, N. J., April 22, at the residence of the bride's parents, by the Rev. Dr. Joseph Bonyard, Dr. G. W. Terriberry and Mattie G., youngest daughter of A. Stoutenborough, Esq.

DIED.

Baldwin.—In this city, April 22d, Charles Loxley, only child of Dr. L. K. and Sallie G. Baldwin, aged 16 months.

Benjamin.—At Greenpoint, L. I., April 24, Henry G. Benjamin, M. D., in the 45th year of his age.

Bennett.—In Bridgeport, Conn., April 21st, Dr. Hanford N. Bennett, aged 50 years.

Bowman.—In Montreal, Canada, Feb. 22d, Dr. Wm. E. Bowman, aged 46. Dr. Bowman was formerly editor of the *Canada Lancet*, and a man of learning, ability, and energy.

Ford.—In New York, April 20, Mrs. Maria N. Ford, daughter of Dr. A. M. Fowler, of Washington, Ct.

Gerhard.—In Delaware, Ohio, April 20th, of rheumatic fever, Dr. M. Gerhard, after an illness of ten days.

Scribner.—In New Albany, Ind., April 16th, Dr. Scribner, one of the oldest and most respected citizens of that city.

Skinner.—In Enfield, N. H., March 13, B. F. Skinner, M. D., aged 38 years and 3 months.

Smallwood.—At Huntington, L. I., April 18, Annie T., wife of Dr. Samuel B. Smallwood.

Smith.—In this city, April 20th, Evelyn W., second daughter of Dr. Henry Y. and Ellen L. Smith, aged 4 years and 5 months.

Strawn.—In this city, April 25th, Dr. Benjamin F. Strawn, aged 30 years.

Van Buskirk.—Recently, in Gerham, Ohio, probably from the effects of an overdose of chloroform, inhaled when alone, for the relief of a nervous headache, Dr. J. T. Van Buskirk, a graduate of Jefferson Medical College of this city,—a worthy and scientific practitioner.

ANSWERS TO CORRESPONDENTS.

Dr. W. C. W., of Ark.—"How cheap can a case of instruments be had, containing a female catheter, porte caustique, etc." About $12 00, and from that up to $30.00.

Dr. R. D. W., of Pa.—"What, in your opinion, is the relative medicinal value of cod-liver oil, as ordinarily bought in the shops: compound iodinized cod liver oil, and cod-liver extract, or dragées?" We think the value of these preparations depend on the character of the case to be treated. Iodinized oil has been found peculiarly efficacious where a decided alterative effect has been desired, and the extract is well adapted for persons whose stomachs are weak, and where the oil is not well borne.

METEOROLOGY.

April,	13,	14,	15,	16,	17,	18,	19.
Wind	N.	S.	S. W.	S.	S. W	N. W.	S. W.
Weather	Clear.	Cl'dy. w. f. Rain.	Cl'dy. Sh'ry	Cl'dy. Rain.	Cl'dy.	Clear.	Cl'dy.
Depth Rain		2-10		1 2-10			
Thermometer.							
Minimum	16°	24°	36°	45°	50°	44°	37°
At 8, A. M.	21	40	48	59	64	50	48
At 12, M.	34	49	62	63	65	53	56
At 3, P. M.	34	49	61	63	64	54	58
Mean	26 25	40.50	53.75	57.50	61.75	50.25	49.75
Barometer.							
At 12, M.	30.4	30.4	30.1	30.	30.	30.5	30.6

Germantown, Pa. B. J. Leedom.